



Palliative Wounds

A palliative approach
to wound care

No Conflict of Interest to Declare

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Objectives

- Discuss a palliative approach to wound care
- Identify the three most common palliative wounds
- Look at a case study
- How to manage common palliative wound symptoms
- Develop a wound care plan for our case study

A Palliative Approach

- Active Care
- Quality of Life
- Less frequent wound care
- Discontinue unnecessary assessments



Common Palliative Wounds



Malignant Arterial Pressure Injury



Case Study – Malignant Wound

Mr. Nguyen, 75 y.o. with a fungating breast tumour. Resident and facility staff are struggling with odour, wet dressing falling off, occasional bleeding that soils his shirt and causes his family anxiety, and pain whenever the dressing is changed.



What can we do?

Photo courtesy of *World Journal of Surgical Oncology*, 18(1)

*Topical
morphine
targets
wound pain
without
systemic side
effects.*

Pain

- Non-pharmacological strategies
- Pharmacological
 - Topical (morphine)
 - Procedural (sufenta/fentanyl)
- Minimize adhesives
- Dressing selection (non-adherents)

Odour

- Gentle mechanical debridement
- Topical metronidazole
- Dressings (charcoal/antimicrobials)
- Environmental strategies

Excessive Exudate

*Barriers
protect the
periwound:*

- Skin prep
under
adhesive*
- Remedy
hydraguard
silicone
cream*

- Causes of excessive exudate
- Debridement
- Dressing selection
- Protect the periwound from moisture-associated skin damage (MASD)

Wound Bleeding

- Recognize risk
- Minimize risk (moist wound bed and non-adherents)
- Make a plan
- Documentation of risk and plan in careplan
- Hemmorrhage kit
- Calcium alginate
- Anticipatory medications (midaz)



Wound Care Plan for Mr. Nguyen

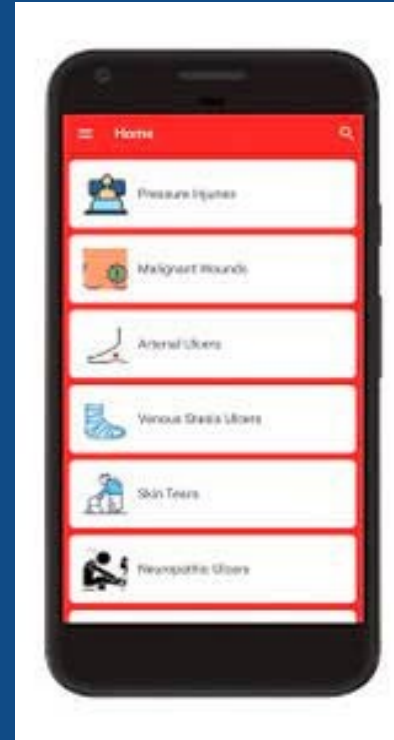
- Sufentanil 5 minutes prior to procedure
- Topical morphine gel
- Gentle irrigation with antiseptic cleanser (Vashe)
- Skin prep to periwound
- Aquacel Ag (silver hydrofiber dressing) directly to wound
- Classic pads loosely secured w silicone tape
- Mesh panty tank top
- Leave aquacel in place for 7 days
- Change classic pads and tank top prn
- Hemorrhage kit in room

Helpful Resources:

Palliative wound pro app

CLWK website

BC Centre for Palliative
Care symptom mgmt.
Guidelines (Intranet)



Recipe for topical analgesic

lidocaine 2% (20 mg/mL)	2.5 mL	7.5 mL 0.5 %
morphine 50 mg/mL	1 mL	3 mL 0.5 %
ketamine 50 mg/mL	2 mL	6 mL 1 %
sterile water	4.5 mL	13.5 mL
Final amount	10 mL	30 mL

Compounded by Island Health pharmacy

Only stable for 7 days in the refrigerator

Victoria Compounding Pharmacy will compound morphine gel:
1% morphine in cellulose gel (similar viscosity to hydrogel)

Thank you!
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Access my referral form at :

<https://intranet.islandhealth.ca/departments/ltc-serv-support/Documents/referral-form-wound-ostomy-continenence-consultation.pdf>

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